

CLARK COUNTY FIRE PERMIT SURVEY FORM

PROJECT ADDRESS (BUSINESS LOCATION) _____

PROJECT NAME (BUSINESS NAME) _____ DATE _____

ASSESSOR'S PARCEL NUMBER(S) _____

CONTACT PERSON _____ PHONE # _____

INITIATING AGENCY: (Check Box, Agency Application/Permit #, and Agency Signature Required below)

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AIR QUALITY
BUILDING DIVISION

☐
☐

BUSINESS LICENSE
CURRENT PLANNING

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FIRE DEPARTMENT
HEALTH DISTRICT

INITIATING AGENCY APPLICATION # or PERMIT # _____

INITIATING AGENCY SIGNATURE _____

CHECK "Yes" or "No" for each item below that your building/business/project includes.

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Water supplied by a well or private water system |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Propane tank(s) |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Aboveground or underground flammable/combustible liquid tank(s) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | High-piled storage* (see definition below) |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Spray paint booths |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Medical Gas Systems |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Combustible Dust Producing Operations |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Chemicals – Storage, Manufacture, or Use ** |

Fire Dept. Review/Comments Signature is only required for any "Yes" response.

Fire Dept. Review/Comments

Signature Date

- ❖ A "Yes" response to any of the above conditions may require the applicant to obtain a permit from the Clark County Fire Department (CCFD). CONTACT CCFD PLANS CHECK AT (455-7100) IMMEDIATELY for permit requirements.
- ❖ A "Yes" response to conditions #7 and #8 also requires Signature of Building Division below and may require approval of a Special Use Permit through the Current Planning Division.

NOTE: Title 30, Section 30.04.160, provides for the revocation of any land use approval not in compliance with Codes.

PRINT NAME _____ SIGNATURE _____

CIRCLE ONE: Property, Building, or Business Owner ~ Occupant's Legal Representative ~ Responsible Party

ATTENTION: FAX COMPLETED FORM TO CLARK COUNTY FIRE DEPARTMENT AT (702) 735-0775

* High-Piled Storage is storage of combustible materials in closely packed piles or combustible materials on pallets, in racks or on shelves, where the top of storage is greater than 12 feet (3658 mm) in height. High-piled combustible storage also includes certain high-hazard commodities, such as rubber tires, Group A plastics, flammable liquids, idle pallets and similar commodities, where the top of storage is greater than 6 feet in height.

** Refer to the Clark County Fire Department's "Hazardous Materials Systems" Guideline.

For Development Services – Building Division Use Only

Hazardous Occupancy Required? YES _____ NO _____ If YES, then Special Use Permit Required.

Building Division Signature _____

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New Construction
Addition
Remodel

☐
☐

PAC Process
Walk-thru

☐
☐

Commercial
Residential

~ DISTRIBUTION ~

CUSTOMER AIR QUALITY MANAGEMENT BUSINESS LICENSE DEPARTMENT FIRE DEPARTMENT HEALTH DISTRICT
DEVELOPMENT SERVICES: BUILDING PLANS EXAMINATION ZONING PLANS CHECK CURRENT PLANNING